



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF OFFICER FORM
First/Secondary Mortgage Lender/Broker

Form may be used to add or delete officers/directors, members or partners.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of officer or director, member or partner.
First initials of officer or director, member or partner or P. O. Box address will not be acceptable.
2. If applicable, please complete **Request for Change of Stockholder Form**.
3. Any questions, please contact Justyna Kordowska at 860-240-8275 or via e-mail at justyna.kordowska@ct.gov.

Company Name: _____ **License Number(s)** _____
DBA Name (if applicable) _____

PRESENT OFFICER SET-UP

Full Given Name	Title	Residential Address	Date of Birth

PROPOSED OFFICER SET-UP

Full Given Name	Title	Residential Address	Date of Birth

Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____